NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Behavioral Surveillance

STATUTORY AUTHORITY:

PHS Act, Section 301(A), 311, 317 (K)(3)

GRANT PROGRAM NO. 07-18-AIDS TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To conduct behavioral surveillance in the Newark Metropolitan Statistical Area. Persons identified at high risk for HIV will be surveyed to assess sexual and drug use history, testing experience and the use of prevention services. The data will help to enhance prevention planning.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Grants amount to \$267,681. Awards begin on January 1, 2007 and will be made for a 12 month budget period. Funding estimates vary and are subject to the Annual Appropriations Act. Continuation awards will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and which have performed satisfactorily will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 1. Terms and Conditions for the Administration of Grants
- 2. General and specific Grant Compliance requirements issued by the Granting Agency.
- 3. Applicable Federal Cost Principles relating to the Applicant

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Universities, hospitals, non-profit corporations, state agencies, local governments and community based organizations. Preference will be given to current recipients of grants.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Knowledge of HIV/AIDS in at risk populations. Proven ability to implement and follow epidemiologic study methodologies and CDC protocols in community based agencies, shelters, drug treatment centers and neighborhood health clinics.

APPLICATION PROCEDURES:

Submit a concept paper to person listed below delineating goals and objectives and tentative budget.

FOR INFORMATION CONTACT:

Helene Cross, Ph.D., Director, Epidemiologic Services Division of HIV/AIDS Services P.O. Box 363

Trenton, NJ 08625-0363

TELEPHONE: (609) 984-5940

FAX: (609) 633-2791

E-MAIL: helene.cross@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification of award would usually be two months prior to the funding period.